State of Maine

VENDOR FORM

For New Vendors & for Updates on Current Vendors

Special Instructions:	Return this form to:
PLEASE PRINT CLEARLY	Department of Education
	Attn: Heather Hamlin
	23 State House Station
	Augusta, ME 04333-0074
* = MUST BE COMPLETED TO PROCESS	ONLY ONE NAME/VENDOR PER FORM
Address New Vendor Change Multi Address	Contact Name Change Update ID # Chang
Social Security Number*	Federal Taxpayer ID Number*
Individual or Sole Proprietor	OR Corporation
	e fill in ONE. E
Business name in "DBA" field below.	Business name in "Name" field below.
This form will affect all tr	ansactions with ALL state agencies.
NEW:*	OLD:
Remit to Address: Individual or Business Name.	Old number:
Name*	Name
DBA or C/O	DBA or C/O
Address*	Address
Tel #*	Tel #
Is this the same name on your Social Security card?	Acct #
If not, have you told Social Security about your name ch	hange? Provider #
Signature*	Contact Name
Print Name or Title	Accounts Receivable Contact Name
Time twine of Time	recounts recorrante contact runne
Det	Di Wighing a Good and
Date* (within 3 months)	Phone # if Different or for Contact Info
Vendor Indicators: Enter Y (Yes) For All	l Categories Listed Below That Apply To This Vendor
Dealer: N	Manufacturer: Factory Rep:
Jobber:	Retailer: Commodity:
Individual:	Partnership: Incorporated:
Minority: Sm	nall Business: In-State:
	Agency Submitting Vendor Form
	- Administrative Assistant 204 624-6746 Person Name & Title* Telephone #*